Fill in this information to identify y	our case:
United States Bankruptcy Court for the: EASTERN DISTRICT OF TEXAS	
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Identify Yourself Part 1: **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Mark **Danielle** government-issued picture First Name First Name identification (for example, Venson Amber your driver's license or Middle Name Middle Name passport). Reid Reid Last Name Last Name Bring your picture identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - 4 \underline{\quad 4 \quad \quad 4 \quad \quad 7 \underline{\quad }}$ xxx - xx - 8 5 2 8 your Social Security number or federal OR OR Individual Taxpayer Identification number 9xx - xx -9xx - xx -(ITIN) Any business names ✓ I have not used any business names or EINs. ✓ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

Debtor 1	Mark Case 16-2000 First Name	1 Doc 1 Filed 01/05/ Middle Name	Last Name		Desc Main Docume Case number (if know			
	· iiot Haiiio	About Debtor 1			About Debtor 2	(Spouse On	ly in a Joint Case)	
		<u> </u>						
					<u> </u>	. — — -		
5. Where	ere you live	EIIN			If Debtor 2 lives	at a differen	at address:	
J. Wilei	e you live						it address.	
		309 Dalee Dri Number Street	ve		309 Dalee Driv	re		
			тх	75650	Hallsville	тх	75650	
		City	State	ZIP Code	City	State	ZIP Code	
		Harrison County			Harrison			
		•			County			
		the one above, court will send a	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.			If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.		
		309 Dalee Dri	ve		309 Dalee Drive			
		Number Street			Number Street			
		P.O. Box			P.O. Box			
		Hallsville	тх	75650	Hallsville	тх	75650	
		City	State	ZIP Code	City	State	ZIP Code	
	you are choosing	Check one:			Check one:			
	district to file for cruptcy	petition, I h	•	pefore filing this his district longer	petition, I ha	•	pefore filing this his district longer	
			I have another reason. Explain. (See 28 U.S.C. § 1408.)			I have another reason. Explain. (See 28 U.S.C. § 1408.)		
Part 2:	Tell the Cour	t About Your Bank	ruptcy Ca	se				
Bankı	chapter of the				otice Required by 11 f page 1 and check th			
are ch under	noosing to file	Chapter 7						
		☐ Chapter 11						
		☐ Chapter 12						
		✓ Chapter 13						

Deb	otor 1 Mark Case	16-20001	Doc 1 Venso	n ^{Filed}	1 01/05/16 Entered 01/05/ Reid	16 08:49:20	Desc Main Case numbe	Document r (if known)	Page 3 of 63	
	First Name	First Name		ame	Last Name					
8.	How you will pay	ow you will pay the fee			pay the entire fee when I for more details about how with cash, cashier's check, c if, your attorney may pay wi	you may pay or money orde	. Typically, i er. If your at	if you are pay torney is subr	ing the fee yourse mitting your paym	elf, you may
					d to pay the fee in installn duals to Pay Your Filing Fe	•			and attach the Ap	olication for
				By law than fee in	west that my fee be waived w, a judge may, but is not real 150% of the official poverty installments). If you choose Fee Waived (Official Form	equired to, wa line that appl se this option	nive your fee lies to your f , you must fi	, and may do amily size and Il out the App	so only if your ind d you are unable	come is less to pay the
9.	Have you filed for			No						
	bankruptcy within last 8 years?	1 tne		Yes.						
			Dist	rict _			_ When	// DD / YYYY	Case number _	
			Dist	rict _			_ When	// DD / YYYY	Case number _	
			Dist	rict _			When	// DD / YYYY	Case number _	
10.	Are any bankrupt	су		No				., 22 ,		
	cases pending or filed by a spouse	•	П	Yes.						
	not filing this cas you, or by a busin	e with	Deb	tor _				_ Relationsh	ip to you	
	partner, or by an affiliate?	.000	Dist	rict _			_ When	/I / DD / YYYY	Case number, _ if known	
			Deb	tor _				_ Relationsh	ip to you	
			Dist	rict _			_ When	// DD / YYYY	Case number, _	
11.	Do you rent your residence?			No. Yes.	Go to line 12. Has your landlord obtaine residence? No. Go to line 12. Yes. Fill out Initial S			,	·	
					and file it with this ba				J21 7 0 0 (1 011	,

	First Name Mi	ddle N	lame	Last Name				
Pa	Report About An	уΒι	ısine	sses You Own as a	Sole Proprietor			
2.	Are you a sole proprietor of any full- or part-time business?			Go to Part 4. Name and location of b	usiness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			Name of business, if any Number Street				
	If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.			Health Care Busin Single Asset Rea Stockbroker (as d	box to describe your business: ness (as defined in 11 U.S.C. § I Estate (as defined in 11 U.S.C lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101	. § 101(51B)	ZIP Cod	le
3.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	can	set ap	opropriate deadlines. If you to balance sheet, statem of these documents do no	the court must know whether you indicate that you are a small tent of operations, cash-flow state that you are the country of	l business de tement, and	ebtor, you r federal inc	must attach your come tax return
			No.	I am not filing under Cl	napter 11.			
	For a definition of small business debtor, see		No.	I am filing under Chapt the Bankruptcy Code.	ter 11, but I am NOT a small bus	siness debto	r according	to the definition in
	11 U.S.C. § 101(51D).		Yes.	s. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
P	art 4: Report If You Ow	n o	r Hav	e Any Hazardous F	Property or Any Property	That Nee	eds Imme	ediate Attention
4.	Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?		No Yes.	What is the hazard? If immediate attention	is needed, why is it needed?			
immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?				Where is the property?	Number Street			
					City		State	ZIP Code

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Debtor 1

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First Name Middle Name Last Name Page 5 of 63 Debtor 1

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

☐ I am	not requ	ired to r	eceive a	briefing	abou
cred	lit counse	eling be	cause of:		

I have a mental illness or a mental ☐ Incapacity. deficiency that makes me

incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 davs.

I am not required to receive a briefing about
credit counseling because of

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

My physical disability causes me □ Disability. to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Official Form 101

X /s/ Mark Venson Reid

Signature of Debtor 1

Executed on 01/05/2016

MM / DD / YYYY

X /s/ Danielle Amber Reid

Executed on 01/05/2016

MM / DD / YYYY

Signature of Debtor 2

Debtor 1 Mark Case 16-20001 Doc 1 Filed 01/05/16 . Entered 01/05/16 08:49:20 Desc Main Document Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jean H. Taylor	Date	e 01/05/2016								
Signature of Attorney for Debtor		MM / DD / YYYY								
Jean H. Taylor Printed name										
Jean H. Taylor, P.C.										
Firm Name										
P.O. Box 1366										
Number Street										
301 N. Alamo										
Marshall	тх	75671								
Marshall City	TX State	75671 ZIP Code								
	State									

'	Case 16-20001 Do	3.1 Filed 01/05/1	.o Entered 01/05/16 08.49.2	20 Desc Main Document Pag	8 8 01 03
Fill in this in	formation to ide	ntify your case	e and this filing:		
Debtor 1	Mark	Venson	Reid		
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	Danielle First Name	Amber Middle Name	Reid Last Name	_	
(Spouse, it filling)) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the	e: EASTERN DI	STRICT OF TEXAS	_	
Case number				☐ Checl	c if this is an
(if known)				amen	ded filing
Official Form	106A/P				
	/B: Property				12/15
Part 1: De 1. Do you own No. Go	oth are equally respondent. On the top of any escribe Each Resort or have any legal or to Part 2.	onsible for supply additional pages sidence, Build	ying correct information. If , write your name and case	te as possible. If two married p more space is needed, attach a number (if known). Answer ev al Estate You Own or Hav g, land, or similar property?	separate ery question.
	here is the property?				
1.1.			the property? Il that apply.	Do not deduct secured cla amount of any secured cla	aims or exemptions. Put the
309 Dalee Drive Street address, if avail) ilable, or other description		le-family home	Creditors Who Have Clair	
		Dupl	lex or multi-unit building	Current value of the entire property?	Current value of the portion you own?
Hallsville	TX 7565	0	ufactured or mobile home	\$125,890.00	\$125,890.00
City	State ZIP Co	V Lanc	d stment property	Describe the nature of y	our ownership
Hamiaan			eshare	interest (such as fee sim	ple, tenancy by the
Harrison County		Othe	er	entireties, or a life estate	;), if known.
real estate w im	nn.	Who has	s an interest in the property	? Fee simple	
	od Village Square,	HSE Check or			
			tor 1 only tor 2 only	Check if this is come (see instructions)	nunity property
	\$125,890 and Debt in accurate value.	lois 🗀	tor 1 and Debtor 2 only	(occ mendenone)	
believe this is a	in accurate value.	لكا	ast one of the debtors and an	nother	
				about this item, such as local	
		property	identification number: L	ot 5 blk 2	
	•	-	l of your entries from Part 1 /rite that number here		\$125,890.00
Part 2: De	scribe Your Veh	icles			
•		•	-	ey are registered or not? Include G: Executory Contracts and Une	-
3. Cars, vans, t	rucks, tractors, spo	rt utility vehicles	, motorcycles		
— NI:					

	No
$\overline{\mathbf{V}}$	Yes

Deb	tor 1 Mark First Name	Venson		e number (if known)	9 01 03
2.1		wildle Name	Who has an interest in the property?	Do not doduct accurad alair	ma or oxomations. But the
3.1. Mak		Honda	Check one.	Do not deduct secured clair amount of any secured clair	•
Mod		Oddyssey	Debtor 1 only	Creditors Who Have Claims	Secured by Property.
Yea		2007	Debtor 2 only	Current value of the	Current value of the
	roximate mileage:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
• • •	er information:	144,000	At least one of the debtors and another	\$8,000.00	\$8,000.00
-	7 Honda Oddys	sey	Check if this is community property (see instructions)		
3.2.			Who has an interest in the property?	Do not deduct secured clair	ms or exemptions. Put the
Mak	e:	Ford	Check one.	amount of any secured claim	
Mod	lel:	F150	Debtor 1 only	Creditors Who Have Claims	
Yea	r:	1996	Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
App	roximate mileage:		Debtor 1 and Debtor 2 only At least one of the debtors and another		
Othe	er information:		At least one of the debtors and another	\$1,000.00	\$1,000.00
	d F150		Check if this is community property (see instructions)		
4.			and other recreational vehicles, other vehicle watercraft, fishing vessels, snowmobiles, m		
	✓ No ☐ Yes				
5.			own for all of your entries from Part 2, inclu Part 2. Write that number here		\$9,000.00
P	art 3: Descr	ibe Your Personal a	and Household Items	•	
Do	you own or have a	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	ls and furnishings appliances, furniture, line	ens, china, kitchenware		
	☐ No ☑ Yes. Describ	e See continuation	n page(s).		\$2,690.00
7.	•		video, stereo, and digital equipment; compute evices including cell phones, cameras, media		
	✓ No ☐ Yes. Describ	e			
8.		ues and figurines; painting	gs, prints, or other artwork; books, pictures, or ollections; other collections, memorabilia, col	-	
	✓ No ✓ Yes. Describ	e			
9.	Examples: Sports		, and other hobby equipment; bicycles, pool to	ables, golf clubs, skis;	
	✓ No ☐ Yes. Describ	e			
10.	Firearms Examples: Pistol	s, rifles, shotguns, ammu	nition, and related equipment		
	✓ No Yes. Describ	e			

Deb	otor 1	Case 1 Mark First Name	V	/enson //didle Name	Re	Entered 01/05/16 eid st Name	08:49:20	Desc Main Document Case number (if known)	•	.0 of 63
11.	Clothes	5						•		
	□ No	•		s accessori		ner wear, shoes, a	accessone	S		\$100.00
12.	Jewelry Exampl	, gems,								
	□ No ✓ Yes	s. Describe.	weddir	ng ring, eng	jagemen	t ring and watcl	h			\$250.00
13.		rm animals les: Dogs, ca	ats, birds, h	orses						
	☐ No ✓ Yes	s. Describe.	cat							\$1.00
14.	Any oth	-	l and hous	ehold items y	you did no	ot already list, inc	cluding an	y health aids you		
		s. Give spec								
15.			-			3, including any		pages you have	→	\$3,041.00
Pa	art 4:	Describ	e Your F	inancial A	ssets					
										Current value of the
Do <u>y</u>	you own	or have an	y legal or e	equitable inte	rest in an	y of the following	j ?			portion you own? Do not deduct secured claims or exemptions.
	Cash							on hand when you file y	our	portion you own? Do not deduct secured
	Cash Example ✓ No	es: Money y	/ou have in	your wallet, ir	n your hom	ne, in a safe depos	sit box, and	on hand when you file y		portion you own? Do not deduct secured
16.	Cash Exampl No □ Yes □ Peposit	es: Money y petition ts of money es: Checkin	you have in	your wallet, iror other finan and other sim	n your hom	ne, in a safe depos	sit box, and			portion you own? Do not deduct secured
16.	Cash Example No Yes Deposit Example	es: Money y petition ts of money es: Checkin	you have in	your wallet, iror other finan and other sim	n your hom	ne, in a safe depos	sit box, and	Cash:		portion you own? Do not deduct secured
16.	Cash Example No Yes Deposit Example	les: Money y petition sts of money les: Checkin brokeraginstitution	you have in	your wallet, ir or other finan and other sim	n your hom	ne, in a safe depos	sit box, and	Cash:		portion you own? Do not deduct secured
16.	Cash Example No Yes Deposit Example	des: Money y petition s	you have in	your wallet, ir or other finan and other sim .	n your hom ncial accountilar institution Institution Spring	ne, in a safe depos unts; certificates of tions. If you have on name:	f deposit; si multiple ac	Cash:		portion you own? Do not deduct secured claims or exemptions.
116. 117.	Cash Example No Pessit Example No Yes Bonds, Example	des: Money y petition ts of money des: Checkin brokeraginstitution 17.1. 17.2. mutual fun	ou have in ng, savings, ge houses, on, list each Checking Savings a ds, or publ	your wallet, ir or other finan and other sim . account: account:	n your hom ncial accountilar institution Spring Spring Spring tocks	unts; certificates of tions. If you have on name:	f deposit; si multiple ac	Cash:		portion you own? Do not deduct secured claims or exemptions.
116. 117.	Cash Example No Peposit Example No Yes Bonds, Example No	ts of money yes: Checkin brokeraginstitution 17.1. 17.2. mutual fundes: Bond fundes: Bond fundes	ou have in one of the control of th	your wallet, ir or other finan and other sim . account: account:	n your home accountial	ints; certificates of tions. If you have on name: Hill State Bank Hill State Bank terage firms, mone	f deposit; si multiple ac	Cash:		portion you own? Do not deduct secured claims or exemptions.
116. 117.	Cash Example No Peposit Example No Yes Bonds, Example No	ts of money yes: Checkin brokeraginstitution 17.1. 17.2. mutual fundes: Bond fundes: Bond fundes	ou have in one of the control of th	your wallet, ir or other finan and other sim account: account: icly traded siment accounts	n your home accountial	ints; certificates of tions. If you have on name: Hill State Bank Hill State Bank terage firms, mone	f deposit; si multiple ac	Cash:		portion you own? Do not deduct secured claims or exemptions.

	Case 16-200		2/10 Fureien 01/02/10	08.49.20 Desc Main Document Page.	11 01 63
Deb	tor 1 Mark	Venson	Reid	Case number (if known)	
	First Name	Middle Name	Last Name		
19.	Non-publicly traded storan interest in an LLC, pa				
	☑ No	• • •			
	Yes. Give specific information about	Name of entity:		% of ownership:	
	them				
	_				
20.		nclude personal checks,	cashiers' checks, promis	otiable instruments ssory notes, and money orders. signing or delivering them.	
	☑ No				
	Yes. Give specific information about	Issuer name:			
	them				-
21	Retirement or pension a	accounts			
21.	•		k), 403(b), thrift savings	accounts, or other pension or	
	, profit-sharing		,, (,,	,	
	⋈ No				
	☐ Yes. List each	Type of account:	Institution name:		
	account separately.	401(k) or similar plan:			
		, ,			
		Pension plan:			
		IRA:			
		Retirement account:			
		Keogh:			
		Additional account:			
		Additional account:	-		
22.	Security deposits and p	repayments			
	Your share of all unused	deposits you have made		ue service or use from a company ric, gas, water), telecommunications	
	☑ No				
	Yes	. In	stitution name or individu	ual:	
23.	Annuities (A contract fo	r a specific periodic pay	ment of money to you, e	either for life or for a number of years)	
	☑ No				
	Yes	. Issuer name and des	scription:		
24.	Interests in an education 26 U.S.C. §§ 530(b)(1), 5		a qualified ABLE prog	gram, or under a qualified state tuition pro	ogram.
		. Institution name and	description. Separately	file the records of any interests. 11 U.S.C.	. § 521(c)
			,	,	-

						1/05/16 08:49:20	Desc Main Document		12 of 63
Deb	tor 1	Mark First Name	Venson Middle Name		eid st Name		Case number (if known)	
25.		sts, equitable or future		erty (otl	ner than any	thing listed in l	ine 1), and rights or		
		rers exercisable for yo No	ur benefit						
	لكا	Yes. Give specific							
		information about them							
26.		ents, copyrights, trade mples: Internet domain							
	لكا	No							
		Yes. Give specific information about them							
27.	Exa		_	_		ciation holdings,	liquor licenses, profession	onal licen	ses
		No Yes. Give specific							
		information about them							
Vlor	пеу о	r property owed to you	u?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax	refunds owed to you							
	سنا	No Yes. Give specific infor	rmation					Federal	l: \$0.0 (
		about them, including w	hether						
		you already filed the ret and the tax years						State:	\$0.00
		and the tax years						Local:	\$0.00
29.	Exa	•	p sum alimony, sp	ousal su	pport, child	support, mainten	ance, divorce settlemen	t, property	y settlement
	بخا	No Yes. Give specific infor	rmation				Alimony:		\$0.00
							Maintenar	nce:	\$0.00
							Support:		\$0.00
							Divorce so	ettlement	\$0.00
							Property s	ettlemen	t: \$0.0 (
30.			•				ay, vacation pay, worker eone else	s'	
		No Yes. Give specific infor	rmation						
31.		rests in insurance poli mples: Health, disability		health s	savings acco	ount (HSA); cred	it, homeowner's, or rente	r's insura	nce
		No Yes. Name the insuran company of each policy	,	ıme:		Вє	eneficiary:	Su	urrender or refund value
		and list its value							
32.	If yo	interest in property the ou are the beneficiary of eled to receive property be	a living trust, expe	ct proce	eds from a l		licy, or are currently		
		No Yes. Give specific infor	rmation						

Deb	otor 1	Mark	Ven	son	Re	eid	/05/16 08:49:20 	Desc Main I Case number		Page 1	L3 of 63
33	Claims	First Name		le Name ether or not		st Name ve filed a la	wsuit or made a	a demand for	navment		
	Exampl	es: Accidents,			-				paymon		
	✓ No ☐ Yes	s. Describe eac	ch claim								
34.	rights t	ontingent and o set off claims	-	ed claims o	f every	nature, incl	uding countercl	laims of the de	ebtor and		
	✓ No ☐ Yes	s. Describe eac	ch claim								
35.	Any fin	ancial assets y	ou did not	already lis	t						
	✓ No ☐ Yes	s. Give specific	information	1							
36.			•				g any entries fo			→	\$672.00
Đ	art 5:	Describe An	ny Rusine	ess-Relati	ed Pro	nerty You	ı Own or Hav	e an Intere	stin lis	t anv	real estate in Part 1
			-						011111 210	carry	Tour octato III i art
37.	•		ny legal or	equitable i	nterest	in any busi	ness-related pro	operty?			
	<u> </u>	Go to Part 6. Go to line 38									
											Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accour	nts receivable o	or commiss	sions you a	Iready e	earned					·
	✓ No ☐ Yes	s. Describe									
39.		equipment, furi les: Business-re desks, chai	elated comp	outers, softw		dems, printe	rs, copiers, fax n	machines, rugs	, telephones	5,	
	✓ No ☐ Yes	s. Describe									
40.	Machin	ery, fixtures, e	quipment,	supplies yo	ou use ii	n business,	and tools of yo	ur trade			
	✓ No ☐ Yes	s. Describe									
41.	Invento	ry									
	✓ No ☐ Yes	s. Describe									
42.	Interes	ts in partnersh	ips or joint	ventures							
	✓ No ☐ Yes	s. Describe	Name of er	ntity:					% of owners	ship:	

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Debt	ebtor 1 Mark Venson Reid Case nur	mber (if known)
43.	3. Customer lists, mailing lists, or other compilations	
	✓ No	
	Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C	C. § 101(41A))?
	No No Pescribe	
	Yes. Describe	
14.	4. Any business-related property you did not already list	
	No Sive specific	
	Yes. Give specific information	
45 .	5. Add the dollar value of all of your entries from Part 5, including any entries for pages yo	- I PO 00 I
	attached for Part 5. Write that number here	→ \$0.00
P;	Part 6: Describe Any Farm- and Commercial Fishing-Related Property Yo	ou Own or Have an Interest In.
	If you own or have an interest in farmland, list it in Part 1.	
46.	6. Do you own or have any legal or equitable interest in any farm- or commercial fishing-re	elated property?
	No. Go to Part 7.	
	Yes. Go to line 47.	
		Current value of the
		portion you own? Do not deduct secured
		claims or exemptions.
47.	7. Farm animals Examples: Livestock, poultry, farm-raised fish	
	✓ No	
	Yes	
48.	8. Cropseither growing or harvested	
	☑ No	
	Yes. Give specific	
_	information	
49.	9. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade	
	✓ No ☐ Yes	
-		
50.	0. Farm and fishing supplies, chemicals, and feed	
	☑ No ☐ Yes	
	Yes	
51.	Any farm- and commercial fishing-related property you did not already list	
	No	
	Yes. Give specific information	
52.	2. Add the dollar value of all of your entries from Part 6, including any entries for pages yo	ou have
	attached for Part 6. Write that number here	-

	Case 16-20001	Doc 1	Filed 01/05/16	Entered 01/05/16 08:49:20	Desc Main Document	Page 15 of 63
Debtor 1	Mark	Venso	n Ro	eid	Case number (if known)	
	First Name	Middle N	ame La	st Name		

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ No Yes. Give specific <u>lawnmower and weedeater</u> \$250.00 information..... \$250.00 54. Add the dollar value of all of your entries from Part 7. Write that number here..... List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2...... \$125,890.00 56. Part 2: Total vehicles, line 5 \$9,000.00 57. Part 3: Total personal and household items, line 15 \$3,041.00 58. Part 4: Total financial assets, line 36 \$672.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$250.00 Copy personal 62. Total personal property. Add lines 56 through 61..... \$12,963.00 \$12,963.00 property total

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$138,853.00

	Case 16-20001	Doc 1	Filed 01/05/16	Entered 01/05/16 08:49:20	Desc Main Document	Page 16 of 63
Debtor 1	Mark	Venso	n R	eid	Case number (if known)	
	First Name	Middle N	ame La	ast Name		

6. Household goods and furnishings (details):

2 tvs	\$250.00
dvd player	\$40.00
recliner	\$50.00
other household furnishings	\$750.00
kitchen appliances	\$650.00
bedroom furnishings	\$750.00
home decor	\$200.00

	Case 16-20001	Doc 1 Filed 01	1/05/16	Entered 01/0	5/16 0	08:49:20 D	Desc Main D	ocument	Page 17 of 6	3
Fill in this	information to	identify your	case:							
Debtor 1	Mark First Name	Venson Middle Nan		Reid Last Name						
Debtor 2 (Spouse, if fili	Danielle ling) First Name	Amber Middle Nan	ne	Reid Last Name						
United States	s Bankruptcy Court	for the: EASTER	RN DIST	TRICT OF TE	XAS			П	Check if this i	s an
Case number	r								amended filin	
(if known)										
Official Fo	rm 106C									
Schedule	C: The Prop	erty You C	laim	as Exemp	ot					12/15
write your name	ed, fill out and attac e and case number	(if known). laim as exempt,	you mus	st specify the	amou	ınt of the ex	xemption ye	ou claim.	One way of depricate property being	oing so
is to state a sp exempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set	pecific dollar amount of the amount of a n benefits, and tax 100% of fair marketermined to exceed the total the property of exemptions and total the property of exemptions and total the property of the prop	ny applicable sta e-exempt retirement et value under a d that amount, y operty You Cl re you claiming?	atutory I ent fund law that our exe	limit. Some exismay be unlimits the exemption would be Exempt	even	tionssuch d in dollar a on to a part mited to the	a as those for amount. Ho cicular dolla e applicable use is filing v	owever, if ir amount e statutory	you claim an and the value	of the
is to state a spexempted up treceive certain exemption of 1 property is def Part 1: 1. Which set	pecific dollar amouto the amount of a need to the amount of a need to the amount of a need to the termined to exceed the the termined to exceed the termined to the Prince the termined the Prince the termined the Prince the termined the termined the Prince the termined the termi	ny applicable sta e-exempt retirement et value under a d that amount, y operty You Cl re you claiming? and federal nonba	atutory I ent fund law that our exel laim as Ch	limit. Some exismay be unlimits the exemption would be Exempt meck one only, y exemptions.	even	tionssuch d in dollar a on to a part mited to the	a as those for amount. Ho cicular dolla e applicable use is filing v	owever, if ir amount e statutory	you claim an and the value	of the
is to state a spexempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set	pecific dollar amount of the amount of a n benefits, and tax 100% of fair marketermined to exceed the tof exemptions at are claiming state at the total termined to exceed the tof exemptions at the t	ny applicable statement value under a le d that amount, y operty You Claiming? and federal nonbal exemptions. 11	atutory I ent fund law that our exertain as Chankruptcy U.S.C. §	limit. Some exist-may be unlimits the exemption would be Exempt neck one only, y exemptions.	even	tionssuch d in dollar a on to a part mited to the if your spou S.C. § 522(b	a as those for amount. He cicular dolla e applicable asset is filing very b)(3)	owever, if ar amount e statutory with you.	you claim an and the value	of the
is to state a spexempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set You at You You at You	pecific dollar amount of the amount of a n benefits, and tax 100% of fair marketermined to exceed the tof exemptions at are claiming state a are claiming federal	ny applicable statement value under a led that amount, y operty You Claiming? and federal nonball exemptions. 11 in Schedule A/B to and line on	ent fund law that our exert laim as Chankruptcy U.S.C. §	limit. Some exist-may be unlimits the exemption would be Exempt neck one only, y exemptions.	even 11 U.	tionssuch d in dollar a on to a part mited to the if your spou S.C. § 522(b	a as those for amount. He cicular dolla e applicable asset is filing with the community of	owever, if ar amount e statutory with you.	you claim an and the value	
is to state a spexempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set You at You at 2. For any public description of 1 property is defined.	pecific dollar amount of the amount of a n benefits, and tax 100% of fair marketermined to exceed the marketermined to exceed the property you list on of the property it of the property you list on of the property to the amount of the property to the the property to the the property to the the property to the	ny applicable statement value under a led that amount, y operty You Claiming? and federal nonball exemptions. 11 in Schedule A/B to and line on	ent fund law that our execution as Chankruptcy U.S.C. § that you Curre the poon Copy	limit. Some exist-may be unlimits the exemption would be Exempt meck one only, recemptions. § 522(b)(2) claim as exempt value of	eemptimiteempticbe lin	tionssuch d in dollar a con to a part mited to the difference of the second s	as those for amount. He cicular dollar dolla	owever, if ar amount e statutory with you.	you claim an and the value ramount.	
is to state a spexempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set You at You at 2. For any property is description of 1 property is defined.	pecific dollar amount of the amount of a n benefits, and tax 100% of fair marketermined to exceed the marketermined to exceed the property you list on of the property it of the property you list on of the property to the amount of the property to the the property to the the property to the the property to the	ny applicable statement value under a lid that amount, y operty You Claiming? and federal nonball exemptions. 11 in Schedule A/B to and line on perty	ent fund law that four exercises Characteristics Characteristi	limit. Some exist-may be unlimits the exemption would be Exempt neck one only, a exemptions. § 522(b)(2) claim as exemption you the value from	even npt, fi Ama exel Che each	tionssuch d in dollar a con to a part mited to the difference of the difference of the metal on the difference on the exemption (\$53,24)	as those for amount. He cicular dollar dolla	with you. Specific Const. a	you claim an and the value amount.	w exemption 51, Texas
is to state a spexempted up to receive certain exemption of 1 property is defined. Part 1: 1. Which set You at Y	pecific dollar amount of the amount of an benefits, and tax 100% of fair marketermined to exceed the tof exemptions and are claiming state and are claiming federal property you list on of the property that lists this property and earliest the property and the property that lists this property that lists this property and the property that lists this property that lists this property and the property that lists this property that lists this property and the property that lists this property that lists this property that lists this property and the property that lists this property that lists this property and the property that lists this p	ny applicable statement value under a lid that amount, y operty You Claiming? and federal nonball exemptions. 11 in Schedule A/B to and line on perty	ent fund law that four exercises Charles Curre the poon Copy Sched	limit. Some exist-may be unlimits the exemption would be Exempt meck one only, and exemptions. § 522(b)(2) claim as exempted as exemption would be exemptions.	even npt, fi Ama exel Che each	tionssuch d in dollar a con to a part mited to the difference of the difference of the metion you ack only one the exemption	as those for amount. He cicular dollar dolla	with you. Specific Const. a	you claim an and the value amount.	w exemption 51, Texas
is to state a spexempted up to receive certain exemption of 1 property is defined. 1. Which set You at You	pecific dollar amount of the amount of an benefits, and tax 100% of fair marketermined to exceed the tof exemptions and are claiming state and are claiming federal property you list on of the property that lists this property and earliest the property and the property that lists this property that lists this property and the property that lists this property that lists this property and the property that lists this property that lists this property and the property that lists this property that lists this property that lists this property and the property that lists this property that list	ny applicable statement value under a lid that amount, y operty You Claiming? and federal nonball exemptions. 11 in Schedule A/B to and line on perty	ent fund law that our exercises Chankruptcy U.S.C. § that you Curre the poon Copy Sched	limit. Some exist-may be unlimits the exemption would be Exempt meck one only, and exemptions. § 522(b)(2) claim as exempted as exemption would be exemptions.	even npt, fi Ama exel Che each	if your spou S.C. § 522(till in the infount of the mption you sck only one h exemption \$53,24 100% of fa value, up to applicable	as those for amount. He cicular dollar dolla	elow. Specific Const. a	you claim an and the value amount. laws that allowers. 16 §§ 50, ode §§ 41.00	w exemption 51, Texas 1002

3. Are you claiming a homestead exemption of more than \$155,675?

abla	No	
Ē	Yes.	Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
_		No
	П	Yes

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Debtor 1

 Mark
 Venson
 Reid
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 2: Additional Page				
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption		
Brief Ford F150 description: Line from	\$1,000.00	\$1,000.00 100% of fair market value, up to any applicable statutory	Tex. Prop. Code §§ 42.001(a), 42.002(a)(9)	
Schedule A/B: 3.2		limit		
Brief 2 tvs description: Line from Schedule A/B: 6	\$250.00	\$250.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief dvd player description: Line from Schedule A/B: 6	\$40.00	\$40.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief recliner description: Line from Schedule A/B: 6	\$50.00	\$50.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief other household furnishings description: Line from Schedule A/B: 6	\$750.00	\$750.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief kitchen appliances description: Line from Schedule A/B:6	\$650.00	\$650.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief bedroom furnishings description: Line from Schedule A/B: 6	\$750.00	\$750.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief home decor description: Line from Schedule A/B: 6	\$200.00	\$200.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(1)	
Brief clothes accessories and shoes description: Line from Schedule A/B: 11	\$100.00	\$100.00 100% of fair market value, up to any applicable statutory limit	Tex. Prop. Code §§ 42.001(a), 42.002(a)(5)	

Case 16-20001 Doc 1 Filed 01/05/16 Entered 01/05/16 08:49:20 Desc Main Document Page 19 of 63 Reid Case number (if known) Debtor 1 Mark Venson First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property the portion you exemption you claim own Copy the value from Check only one box for Schedule A/B each exemption Brief wedding ring, engagement ring \$250.00 \$250.00 Tex. Prop. Code §§ 42.001(a), abladescription: and watch 100% of fair market 42.002(a)(6) value, up to any Line from

applicable statutory

limit

Schedule A/B:

12

C	ase 16-20001 Do	c 1 Filed 01/05/16	Entered 01/05/16 08:4	19:20 Desc Main Doo	cument Page 20 of 6	3
Fill in this inf	ormation to ide	ntify your case	:			
Debtor 1	Mark	Venson	Reid			
Debior 1	First Name	Middle Name	Last Name			
Debtor 2	Danielle	Amber	Reid			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for th	ne: EASTERN DIS	TRICT OF TEXAS			
Case number	, ,				_	
(if known)					Check if this is amended filling	
					amonada ming	9
Official Form	106D					
		lha Haya Cla	ima Sagurad by	, Proporty		12/15
Schedule D.	Creditors W	nio nave Cia	ims Secured by	Property		12/15
			ed people are filing tog			
			Additional Page, fill it of case number (if know		es, and attach it to thi	s form.
on the top of any	additional pages, t	vince your name an	a case namber (ii knov	••••		
1. Do any credit	ors have claims se	ecured by your pro	perty?			
☐ No. Che	ck this box and sub	mit this form to the o	ourt with your other sche	edules. You have noth	ning else to report on th	is form.
Yes. Fill	in all of the informa	tion below.				
5.44						
Part 1: Lis	t All Secured C	laims				
2. List all secure	ed claims. If a cred	ditor has more than	one secured			
		or each claim. If mo		Column A	Column B	Column C
		the other creditors i		Amount of claim	Value of collateral	Unsecured
much as poss creditor's nam		n alphabetical order	according to the	Do not deduct the value of collateral	that supports this claim	portion If any
	·	Describe the	property that	value of collateral	Ciaiiii	папу
2.1		secures the	property that claim:	\$72,650.00	\$125,890.00	
Ditech Financial	Lic	real estate	w imp			
Creditor's name Po Box 6172			•			
Number Street						
Panid City	SD 57709	As of the dat	e you file, the claim is:	Check all that apply.		
Rapid City City	State ZIP Code	Continge		encon all mat apply.		
Who awas the del	chastrans	☐ Unliquida				
Who owes the del	ot? Check one.	Disputed				
Debtor 2 only		Nature of lie	n. Check all that apply.			
Debtor 1 and D	ebtor 2 only		ment you made (such as	s mortgage or secured	car loan)	
	the debtors and and		lien (such as tax lien, m		,	
_		_	t lien from a lawsuit	•		
Check if this of to a communication		Other (ind	cluding a right to offset)	Conventional Rea	<u>l Estat</u> e Mortgage	
Date debt was inc	urred <u>12/2006</u>	Last 4 digits	of account number	4 4 5 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$72,650.00

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Debtor 1	Mark	Venson	Reid	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A Amount of claim Do not deduct the value of collateral

Column B Value of collateral that supports this

Column C Unsecured portion If any

Ditech Financial Llc Creditor's name Po Box 6172 Number Street	Describe the property that secures the claim: real estate w imp	\$30,000.00	\$30,000.00	
Rapid City SD 57709 City State ZIP Code	As of the date you file, the claim is: (Check all that apply.		
Who owes the debt? Check one. Debtor 1 only	☐ Contingent ☐ Unliquidated ☐ Disputed			
Debtor 2 only	Nature of lien. Check all that apply.			
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim relates	☐ An agreement you made (such as a Statutory lien (such as tax lien, med ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)	• •	oan)	
to a community debt Date debt was incurred Various	Last 4 digits of account number	4 4 5 1		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$30,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$102,650.00

Fill in this inf	ormation to id	dentify your case	:
Debtor 1	Mark First Name	Venson Middle Name	Reid Last Name
Debtor 2	Danielle	Amber	Reid
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Ba	nkruptcy Court for	the: EASTERN DIS	TRICT OF TEXAS
Case number (if known)			
(II KIIOWII)			

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1.	Do any	creditors	have	priority	unsecured	claims	against	vou?

No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

Debtor 1	Mark	Venson	Reid	Case number (if known)	
	First Name	Middle Name	Last Name		
Part	2: List All of	Your NONPRIORIT	TY Unsecured C	laims	
3. Do	any creditors have	nonpriority unsecured	d claims against vo	u?	
0. 50	•		-	o the court with you other schedules.	
		iing to report in this par	i. Subillit tills lollil t	b the court with you other schedules.	
$\overline{\mathbf{V}}$	163				
If a	creditor has more th	an one nonpriority unse	cured claim, list the	I order of the creditor who holds each claim. creditor separately for each claim. For each claim listed nore than one creditor holds a particular claim, list the oth	
Pa	rt 3. If more space is	needed for nonpriority	unsecured claims, f	ill out the Continuation Page of Part 2.	
					Total claim
	1				
4.1	J				\$570.00
	y Portfolio Servic	es	_ Last 4 digits of a	account number 2 8 1 2	
	ty Creditor's Name ummit Lake Dr		When was the d	ebt incurred? <u>05/2011</u>	
Number	Street		As of the date y	ou file, the claim is: Check all that apply.	
Ste 400)		_ Contingent		
Valhall	a	NY 10595	☐ Unliquidated — ☐ Disputed		
City		State ZIP Code	_ Disputed		
	curred the debt? otor 1 only	Check one.	Type of NONPR	IORITY unsecured claim:	
	otor 2 only		☐ Student loan	S	
_	otor 1 and Debtor 2 o	nly		arising out of a separation agreement or divorce	
	east one of the debto	rs and another	•	not report as priority claims sion or profit-sharing plans, and other similar debts	
☑ Che	ck if this claim is fo	or a community debt		ify Collection Attorney	
Is the c	laim subject to offse	et?		, <u></u>	
☑ No					
☐ Yes					
4.2	1				¢426.00
] 		l and d dimits of		\$426.00
	y Portfolio Servic ty Creditor's Name	es	_ Last 4 digits of a		
500 St	ımmit Lake Dr		When was the d	<u> </u>	
Number Ste 400	Street			ou file, the claim is: Check all that apply.	
516 401	,		Contingent Unliquidated		
Valhall		NY 10595	Disputed		
City Who inc		State ZIP Code Check one.			
	otor 1 only	Ondok ond.		IORITY unsecured claim:	
☐ Deb	otor 2 only		Student loan		
انت ا	tor 1 and Debtor 2 o	-		arising out of a separation agreement or divorce not report as priority claims	
☐ At le	east one of the debto	rs and another		sion or profit-sharing plans, and other similar debts	
☑ Che	eck if this claim is fo	or a community debt		ify Collection Attorney	
Is the c	laim subject to offse	et?		<u> </u>	
✓ No ☐ Yes					

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Debtor 1

MarkVensonReidCase number (if known)First NameMiddle NameLast Name

After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.3 Chase Crad Services	Last 4 digits of account number 4 6 4 5	\$607.00
Nonpriority Creditor's Name PO Box 15298 Number Street	When was the debt incurred? 09/2004 As of the date you file, the claim is: Check all that apply.	
Wilmington DE 19050 City State ZIP Code Who incurred the debt? Check one.	 Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 only ☐ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☑ Check if this claim is for a community debt	Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
s the claim subject to offset? No Yes	✓ Other. Specify Credit Card	
4.4		\$341.00
Citibank / Sears Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized Bankrup Number Street	Last 4 digits of account number 1 4 3 0 When was the debt incurred? 01/2005 As of the date you file, the claim is: Check all that apply.	
PO Box 790040 Saint Louis MO 63179 City State ZIP Code	ContingentUnliquidatedDisputed	
Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt s the claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Charge Account	
✓ No Yes		•
24.5 Debt Recovery Solution Nonpriority Creditor's Name Attention: Bankruptcy	Last 4 digits of account number 0 5 0 7 When was the debt incurred? 11/2014	\$357.00
Number Street 900 Merchants Concourse Ste LL11	As of the date you file, the claim is: Check all that apply. Contingent	
Westbury NY 11590 City State ZIP Code	Unliquidated Disputed	
Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt sthe claim subject to offset?	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection	

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Debtor 1

MarkVensonReidCase number (if known)First NameMiddle NameLast Name

After listing any entries on this page, number the	em sequentially from the	Total claim
revious page.		rotal claim
4.6		\$826.00
//idland Funding	Last 4 digits of account number 6 9 3 9	·
Ionpriority Creditor's Name	When was the debt incurred? 05/2014	
2365 Northside Dr lumber Street	As of the date you file, the claim is: Check all that apply.	
Suite 300	_ ☐ Contingent	
Dan Diama	Unliquidated	
San Diego CA 92108 Eity State ZIP Code	— ☐ Disputed	
Who incurred the debt? Check one.	Type of NONDDIODITY unccoured claims	
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce	
Debtor 1 and Debtor 2 only	that you did not report as priority claims	
At least one of the debtors and another	☐ Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collection	
s the claim subject to offset?		
☑ No		
Yes		
4.7		¢2.406.00
	Leat 4 digita of account number 0 4 0 4	\$2,196.00
lationwide Recovery onpriority Creditor's Name	Last 4 digits of account number 6 4 9 4	
635 McEwen Rd	When was the debt incurred? 12/2012	
umber Street	As of the date you file, the claim is: Check all that apply.	
	Contingent	
Dallas TX 75244	☐ Unliquidated — ☐ Disputed	
ity State ZIP Code		
Vho incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify Collection Attorney	
s the claim subject to offset?		
☑ No ☑ Yes		
<u></u>		
4.8		\$1,196.00
Portfolio Recovery	Last 4 digits of account number 5 2 9 7	
onpriority Creditor's Name	When was the debt incurred? 01/2014	
Attn: Bankruptcy		
lumber Street PO Box 41067	As of the date you file, the claim is: Check all that apply. Contingent	
	Unliquidated	
lorfolk VA 23541	_ ☐ Disputed	
State ZIP Code Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
Check if this claim is for a community debt	Other. Specify Collection	
s the claim subject to offset?	V Salest Opening Contouron	
No		
Yes		

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Debtor 1

 Mark
 Venson
 Reid
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
4.9		\$711.00
Portfolio Recovery	Last 4 digits of account number 4 5 2 2	
Nonpriority Creditor's Name	When was the debt incurred? 12/2013	
Attn: Bankruptcy Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 41067	Contingent	
Norfolk VA 23541	Unliquidated Disputed	
City State ZIP Code Who incurred the debt? Check one.		
Who incurred the debt? Check one. Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection	
Is the claim subject to offset?	V Guidi. Opcomy Gonection	
☑ No		
Yes		
4.10		\$569.00
Portfolio Recovery	Last 4 digits of account number 0 0 2 2	
Nonpriority Creditor's Name	When was the debt incurred? 10/2011	
Attn: Bankruptcy		
Number Street PO Box 41067	As of the date you file, the claim is: Check all that apply.	
1 0 Box 41001	Contingent Unliquidated	
Norfolk VA 23541	_ ☐ Disputed	
City State ZIP Code Who incurred the debt? Check one.		
Debtor 1 only	Type of NONPRIORITY unsecured claim:	
Debtor 2 only	Student loans	
Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify Collection	
Is the claim subject to offset?	Concentration	
☑ No		
Yes		
4.11		\$492.00
Portfolio Recovery Nonpriority Creditor's Name	Last 4 digits of account number6242_	
Attn: Bankruptcy	When was the debt incurred? 05/2012	
Number Street	As of the date you file, the claim is: Check all that apply.	
PO Box 41067	_ Contingent	
Norfolk VA 23541	☐ Unliquidated — ☐ Disputed	
City State ZIP Code	_ U bisputed	
Who incurred the debt? Check one.	Type of NONPRIORITY unsecured claim:	
Debtor 1 only Debtor 2 only	Student loans	
Debtor 2 only Debtor 1 and Debtor 2 only	Obligations arising out of a separation agreement or divorce	
At least one of the debtors and another	that you did not report as priority claims	
Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
	Other. Specify Collection	
Is the claim subject to offset? ☑ No		
Yes Yes		

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Debtor 1

MarkVensonReidCase number (if known)First NameMiddle NameLast Name

Part 2: Your NONPRIORITY Unsecu	red Claims Continuation Page	
After listing any entries on this page, number the previous page.	m sequentially from the	Total claim
Portfolio Recovery Nonpriority Creditor's Name Attn: Bankruptcy Number Street PO Box 41067 Norfolk VA 23541 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 7 5 5 8 When was the debt incurred? 06/2013 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection	\$402.00
4.13		\$472.00
Target Nonpriority Creditor's Name C/O Financial & Retail Services Number Street Mailstop BT PO Box 9475 Minneapolis MN 55440 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Last 4 digits of account number 9 5 2 6 When was the debt incurred? 05/2006 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card	

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Debtor 1

 Mark
 Venson
 Reid
 Case number (if known)

 First Name
 Middle Name
 Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.0	<u>0</u>
	6b.	Taxes and certain other debts you owe the government	6b. \$0.0	0_
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.0	0_
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$0.0	<u>0</u>
	6e.	Total. Add lines 6a through 6d.	6d. \$0.0	<u>0</u>
			Total claim	
Total claims from Part 2	6f.	Student loans	6f. \$0.0	<u>0</u>
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.0	<u>0</u>
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.0	<u>0</u>
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$9,165.0	0_
	6j.	Total. Add lines 6f through 6i.	6j. \$9,165.0	0

Fill in this info	ormation to i	dentify your case	:		
Debtor 1	Mark First Name	Venson Middle Name	Reid Last Name		
Debtor 2	Danielle	Amber	Reid		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS		
Case number (if known)					Check if this amended filir

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1.	Do you have any executory contracts or unexpired leases?
	No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
	Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B)

List separately each person or company with whom you have the contract or lease. Then state what each contract or lease
is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of
executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this inf	ormation to i	dentify your case	:		
Debtor 1	Mark	Venson	Reid		
	First Name	Middle Name	Last Name		
Debtor 2	Danielle	Amber	Reid		
(Spouse, if filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court fo	or the: EASTERN DIS	TRICT OF TEXAS	_	
Case number					Check if this
(if known)					amended filir

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1.	Ø N	o u nave any codeb Ves	tors? (If you ar	e filing a joint case,	do not list either	spouse as a codebtor.)
2.	includ	•	•		•	rritory? (Community property states and territories o, Texas, Washington, and Wisconsin.)
	N Y	es. Did your spou	se, former spouse	e, or legal equivalent	live with you at t	the time?
		¬ No				
	Ē	Yes				
	-	_	unity state or terri	tory did you live?	Texas	Fill in the name and current address of that person.
		Danielle Aml	oer Reid			
		Name of your spo 309 Dalee Dr	ouse, former spouse,	or legal equivalent		
		Number Stre	eet			
		Hallsville		TX	75650	
		City		State	ZIP Code	

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this inforn	nation to identify				
Debtor 1	Mark First Name	Venson Middle Name	Reid Last Name	Ch€	eck if this is:
Debtor 2 (Spouse, if filing)	Danielle First Name	Amber Middle Name	Reid Last Name		An amended filing
	ruptcy Court for the:	EASTERN DIST	RICT OF TEXAS		A supplement showing postpetition chapter 13 income as of the following date:
Case number (if known)					MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

١.	Fill in your employment information. If you have more than one		Debtor 1		Debtor 2 or non-filing spouse		
	job, attach a separate page with information about	Employment status	✓ Employed✓ Not employed	1	☐ Employed✓ Not employed		
	additional employers.	Occupation	auto painter	•		•	
	Include part-time, seasonal, or self-employed work.	Employer's name	Precision Body	Works			
	Occupation may include	Employer's address	3424 Estesville	Road			
	student or homemaker, if it applies.		Number Street		Number Street		
			Longview	TX 75602	_		
			City	State Zip Code	City	State Zip Code	

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$6,066.67	\$0.00
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$6,066.67	\$0.00

Official Form 106l Schedule I: Your Income page 1

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Debtor 1 Mark Venson Reid Case number (if known)

Last Name

First Name

Middle Name

			For Debtor 1		Debtor 2 or filing spouse	<u> </u>	
	Copy line 4 here	4.	\$6,066.67		\$0.00		
5.	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$945.10		\$0.00		
	5b. Mandatory contributions for retirement plans	5b.	\$0.00		\$0.00		
	5c. Voluntary contributions for retirement plans	5c.	\$0.00	_	\$0.00		
	5d. Required repayments of retirement fund loans	5d.	\$0.00		\$0.00		
	5e. Insurance	5e.	\$0.00		\$0.00		
	5f. Domestic support obligations	5f.	\$0.00		\$0.00		
	5g. Union dues	5g.	\$0.00		\$0.00		
	5h. Other deductions. Specify:	5h. ⊣	\$0.00		\$0.00		
6.	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	\$945.10		\$0.00		
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$5,121.57		\$0.00		
8.	List all other income regularly received:			_	<u> </u>		
	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00		\$0.00		
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.						
	8b. Interest and dividends	8b.	\$0.00		\$0.00		
	8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00		\$0.00		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.						
	8d. Unemployment compensation	8d.	\$0.00		\$0.00		
	8e. Social Security	8e.	\$0.00		\$0.00		
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						
	Specify:	8f.	\$0.00		\$0.00		
	8g. Pension or retirement income	8g.	\$0.00		\$0.00		
	8h. Other monthly income.						
	Specify: pro-rated tax refund	8h.	<u>\$146.00</u>		\$0.00		
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$146.00		\$0.00		
10.	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$5,267.57	+	\$0.00	=	\$5,267.57
11.	 State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, friends or relatives. 					her	
	Do not include any amounts already included in lines 2-10 or amounts that	t are r	not available to pay e	expense		hed	
	Specify:				11.	+	\$0.00
12.	Add the amount in the last column of line 10 to the amount in line 11. income. Write that amount on the Summary of Your Assets and Liabilities if it applies						\$5,267.57 Combined
12	if it applies.	ale fr	rm?				monthly income
13.	Do you expect an increase or decrease within the year after you file the	iis to	rm?				
	✓ No. None. Yes. Explain:						

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Fill in this info	rmation to ident	tify your case:			Check if th	sio io:	
Debtor 1	Mark	Venson	Reid			nended filing	
	First Name	Middle Name	Last Na	ame		plement showing	postpetition
Debtor 2	Danielle	Amber	Reid		chapt	er 13 expenses a	s of the
(Spouse, if filing)	First Name	Middle Name	Last Na	ame	follow	ving date:	
	nkruptcy Court for th	e: EASTERN DIST	RICT OF	TEXAS	MM /	DD / YYYY	_
Case number (if known)							
Official Forms	1001						
Official Form Schedule J: \		es					12/15
correct information name and case nun	. If more space is r nber (if known). An	ble. If two married peneeded, attach anothe swer every question.	r sheet to t				
Part 1: Desc 1. Is this a joint c	cribe Your Hous	senoia					
☐ No. Go to ✓ Yes. Does	line 2. s Debtor 2 live in a s	separate household?	2, Expense	s for Separate Househ	old of Debto	or 2.	
2. Do you have do	ependents?	l No					
Do not list Debt	- -			Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
Debtor 2.				Son		11	□ No - √ Yes
Do not state the names.	Do not state the dependents' names.			Son		9	· ☑ Yes □ No · ☑ Yes
							□ No
							- ∏ Yes □ No
							Yes
							☐ No
Do your expen expenses of per	ses include cople other than	☑ No □ Yes					Yes
yourself and yo	our dependents?						
Part 2: Esti	mate Your Ongo	oing Monthly Expe	neae				
	as of a date after th	nkruptcy filing date un ne bankruptcy is filed.	-	-		•	
Include expenses p	aid for with non-ca	sh government assist on Schedule I: Your In	-			Your expens	ies
4. The rental or h	ome ownership exp	penses for your reside	ence.	,		4	\$777.43
Include first mo		d any rent for the groun	d or lot.				
						12	
4a. Real estate		anda ta a coma a				4a	
	omeowner's, or rent					4b	
4c. Home main	ntenance, repair, and	d upkeep expenses				4c.	\$200.00

4d.

4d. Homeowner's association or condominium dues

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Debtor 1 Mark Venson Reid Case number (if known)

Last Name

		rour expe	ises
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$200.00
	6b. Water, sewer, garbage collection	6b	\$70.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$158.00
	6d. Other. Specify: Cell	6d.	\$170.00
7.	Food and housekeeping supplies	7.	\$800.00
8.	Childcare and children's education costs	8.	\$150.00
9.	Clothing, laundry, and dry cleaning	9.	\$150.00
10.	Personal care products and services	10.	\$100.00
11.	Medical and dental expenses	11.	\$200.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$650.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14.	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	4-	
	15a. Life insurance	15a.	
	15b. Health insurance	15b	\$569.00
	15c. Vehicle insurance	15c	\$163.00
	15d. Other insurance. Specify: dental	15d	\$132.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	40	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	204	
	20e. Homeowner's association or condominium dues	20e.	

First Name

Middle Name

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С	ase 16-20001	Doc 1	Filed 01/05/16	Entered 01/05/16 08:49:20	Desc Main Document	Page 36 of 63				
Fill in this inf	ormation to	identi	fy your case:							
Debtor 1	Mark	1	/enson	Reid						
	First Name	ı	Middle Name	Last Name						
Debtor 2	Danielle		Amber	Reid						
(Spouse, if filing)	First Name	ı	Middle Name	Last Name						
United States Bar Case number (if known)	nkruptcy Court	for the: <u>I</u>	EASTERN DIST	TRICT OF TEXAS		Check if this is an amended filing				
Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information										
•		•		d people are filing together,						

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: **Summarize Your Assets** Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) \$125,890.00 1a. Copy line 55, Total real estate, from Schedule A/B..... \$12,963.00 1b. Copy line 62, Total personal property, from Schedule A/B..... \$138,853.00 1c. Copy line 63, Total of all property on Schedule A/B...... Part 2: **Summarize Your Liabilities** Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) \$102,650.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) \$0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F...... \$9,165.00 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F......+_ \$111,815.00 Your total liabilities Part 3: **Summarize Your Income and Expenses** Schedule I: Your Income (Official Form 106I) \$5,267.57 Copy your combined monthly income from line 12 of Schedule I.....

Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J.....

\$4,489.43

12/15

Debtor	1 Mark	Venson	Reid	Case number (if known)	ige 37 01 03
Debtoi	First Name	Middle Name	Last Name	Case number (ii known)	
Part	4: Answer Th	ese Questions fo	Administrative a	nd Statistical Records	
6. Ar	e you filing for bankı	uptcy under Chapter	s 7, 11, or 13?		
□		ing to report on this pa	rt of the form. Check the	nis box and submit this form to the court wi	th your other schedules.
7. WI	hat kind of debt do ye	ou have?			
✓	•	•		re those "incurred by an individual primarily 8-9g for statistical purposes. 28 U.S.C. §	
		t primarily consumer rt with your other sche		ng to report on this part of the form. Check	k this box and submit
			y Income: Copy your to Line 11; OR , Form 122	otal current monthly income from C-1 Line 14.	\$6,066.67
9. Co	ppy the following spe	cial categories of cla	ims from Part 4, line 6	of Schedule E/F:	
				Total claim	

		Total claim
Fro	m Part 4 on Schedule E/F, copy the following:	
9a.	Domestic support obligations. (Copy line 6a.)	\$0.00
9b.	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c.	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d.	Student loans. (Copy line 6f.)	\$0.00
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g.	Total. Add lines 9a through 9f.	\$0.00

Fill in this inf	ormation to i	identify your case		
Debtor 1	Mark	Venson	Reid	
Doblor 1	First Name	Middle Name	Last Name	
Debtor 2	Danielle	Amber	Reid	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	STRICT OF TEXAS	
Case number				
(if known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
☑ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty of perjury, I declare that I have true and correct.	read the summary and schedules filed with this declaration and that they are
X /s/ Mark Venson Reid Signature of Debtor 1	X /s/ Danielle Amber Reid Signature of Debtor 2
Date 01/05/2016 MM / DD / YYYY	Date <u>01/05/2016</u> MM / DD / YYYY

	ase 16-20001	DOC 1 Filed 01/05/16	Entered 01/05/	/16 08.49.20 Desc Main	Document Pa	.ge 39 01 63
Fill in this inf	formation to i	dentify your case				
Debtor 1	Mark	Venson	Reid			
	First Name	Middle Name	Last Name			
Debtor 2	<u>Danielle</u>	Amber	Reid			
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court fo	r the: EASTERN DIS	TRICT OF TEX	(AS		
Case number					□ Ch4	eck if this is an
(if known)					_	ended filing
Official Form	107					
Statement of	of Financial	Affairs for Ind	ividuals Fi	ling for Bankrup	t cy	12/1
your name and ca	ase number (if kı	nown). Answer every	question.	to this form. On the top o	·	I pages, write
	current marital	status?				
✓ Married ✓ Not marriel	ed					
ш		ver lived enverbere	athau than whan	a very live new?		
 During the la No 	ist 3 years, nave	you lived anywhere o	ther than where	e you live now?		
<u> </u>	all of the places	you lived in the last 3 y	ears. Do not inc	lude where you live now.		
Debtor 1:			tes Debtor 1	Debtor 2:		Dates Debtor 2
		live	ed there			lived there
		•	•	uivalent in a community լ Idaho, Louisiana, Nevada		-

Official Form 107

Washington, and Wisconsin.)

Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

		Case 16-2	20001 Doc 1 File	d 01/05/16 Entered 01/05/3	16 08:49:20 Desc M	ain Document Page 40 of	63
Debt	or 1	Mark	Venson	Reid	Case nur	mber (if known)	
		First Name	Middle Name	Last Name			
Pa	rt 2:	Explain th	ne Sources of Yo	our Income			
	Fill in th	ne total amount	of income you receive	ent or from operating a buved from all jobs and all bus	inesses, including par		endar years?
		ire ming a joint t	sase and you have in	toome that you receive toge	ther, hat it only onles a	nder Bester 1.	
	☐ No ✓ Yes	s. Fill in the det	tails.				
				Debtor 1		Debtor 2	
				Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions
		ary 1 of the cur u filed for bank	-	Wages, commissions, bonuses, tips	\$500.00	Wages, commissions, bonuses, tips	
				Operating a business		Operating a business	
	For the last calendar year:		Wages, commissions, bonuses, tips	\$71,200.00	Wages, commissions, bonuses, tips		
(Janı	uary 1 to	December 31	, <u>2015</u>) YYYY	Operating a business		Operating a business	
		endar year befo		Wages, commissions, bonuses, tips	\$71,200.00	Wages, commissions, bonuses, tips	
(Janı	uary 1 to	December 31	, <u>2014</u>) YYYY	Operating a business		Operating a business	
	Include unempl	income regard loyment; and ot mbling and lotte	less of whether that in the least of whether that it is the least of t	yments; pensions; rental inc	es of other income are come; interest; dividen	alimony; child support; Socia ds; money collected from lav eceived together, list it only c	vsuits; royalties;
	List ead	ch source and the	ne gross income fror	m each source separately. [Do not include income	that you listed in line 4.	
	✓ No	s. Fill in the det	tails.				

Doc 1 Filed 01/05/16 Entered 01/05/16 08:49:20 Desc Main Document Case 16-20001 Page 41 of 63 Debtor 1 Venson Reid Case number (if known) First Name Middle Name Last Name Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225* or more? ☐ No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$6,225* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Tyes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of **Total amount** Amount you Was this payment for... stil owe payment paid Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony. **✓** No ☐ Yes. List all payments to an insider. Dates of **Total amount** Amount you Reason for this payment still owe payment paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.

☑ No

Yes. List all payments that benefited an insider.

Dates of Total amount Amount you Reason for this payment payment paid still owe Include creditor's name

		Case 16-20001				/16 08:49:20	Desc Main Docume		Page 42 of 63		
Deb	tor 1	Mark First Name	Venson Middle Name	Re Las	t Name		Case number (if kno	wn)			
	(-/ -	l dandika Lamal	Astions De				_				
Pa	art 4:	Identify Legal	Actions, Re	oossess	ions, and Fo	oreciosure	S				
9.	List all s	1 year before you file such matters, includinations, and contract d	ng personal injui	-		-			-	_	custody
	□ No ✓ Yes	. Fill in the details.									
			Nature o	f the case		Cou	rt or agency		Statu	ıs of	the case
	e title		home e	quipy for	eclosure		rict Court			· 🔽	Pending
Dite Rei		lark and Danielle					Name W. Houston				On appeal
IVE	u					Numb				· ⊔	
Cas	e numbe	r								. 🗆	Concluded
Cas	e numbe							TX	75670		
						City	,	State	ZIP Code		
12.	Within samound	Go to line 11. Fill in the information Go days before you file from your account Fill in the details. Year before you file rs, a court-appointed List Certain Gi	filed for bankru its or refuse to ed for bankrup d receiver, a cu	make a pa	nyment becaus ny of your pro or another offic	se you owed	a debt?		•	it of	
								•			
13.		2 years before you f	iled for bankru	ptcy, did y	ou give any g	iits with a tot	ai value of more tha	an \$6	ou per person?		
	✓ No	. Fill in the details fo	r each gift.								
14.	Within to any	2 years before you f charity?	iled for bankru	ptcy, did y	ou give any g	ifts or contrib	outions with a total	value	e of more than \$	600	
	✓ No ☐ Yes	s. Fill in the details fo	r each gift or co	ntribution.							

ebtor 1	Case 16-20001 Mark First Name	Doc 1 Filed Venson Middle Name	01/05/16 Entered 01/05/16 08:49:20 Reid Last Name	Desc Main Docur Case number (if kr	· ·	53
Part 6:	List Certain Lo	osses				
	1 year before you fil disaster, or gambling	-	otcy or since you filed for bankruptc	y, did you lose anyt	thing because of th	neft, fire,
☑ No □ Ye	s. Fill in the details.					
Part 7:	List Certain Pa	ayments or	Transfers			
anyone Include ☐ No	e you consulted about e any attorneys, bankr	ut seeking ban	otcy, did you or anyone else acting okruptcy or preparing a bankruptcy preparers, or credit counseling agencies	petition?		•
_	aylor, P.C.		Description and value of any proper \$310 Ff \$53 CIN	erty transferred	Date payment or transfer was made	Amount of payment
.O. Box 1	1366		\$637 AF		12/23/2015	\$1,000.00
imber St	reet					
mail or webs	State orbankruptcy.com ite address Made the Payment, if Not	75671 ZIP Code				
		-	otcy, did you or anyone else acting o			perty to
•	e who promised to he include any payment		ith your creditors or to make payme you listed on line 16.	ents to your creditor	rs?	
☑ No □ Ye	s. Fill in the details.		,			
			uptcy, did you sell, trade, or otherwis se of your business or financial affa		perty to anyone, ot	her than
	-		made as security (such as granting of ave already listed on this statement.	f a security interest o	r mortgage on your	property).
☑ No □ Ye	s. Fill in the details.					
you ar	e a beneficiary? (T		ruptcy, did you transfer any property called asset-protection devices.)	y to a self-settled tru	ust or similar devic	e of which
✓ No □ Ye	s. Fill in the details.					

D	4	Case 16-20001			5/16 08:49:20		Page 44 of 63
Det	otor 1	Mark First Name	Venson Middle Name	Reid Last Name		Case number (if known)	
Р	art 8:	List Certain Fi	nancial Accou	nts, Instruments	, Safe Depo	sit Boxes, and Stor	age Units
20.		1 year before you fil closed, sold, move		-	accounts or i	nstruments held in your	name, or for your
			•	her financial account ons, and other financ		f deposit; shares in banks	s, credit unions, brokerage
	☑ No □ Yes	s. Fill in the details.					
21.	-	now have, or did yourities, cash, or othe		ear before you filed	for bankruptc	y, any safe deposit box o	or other depository
	✓ No ☐ Yes	. Fill in the details.					
22.	-	ou stored property i	n a storage unit o	r place other than yo	our home with	in 1 year before you filed	d for bankruptcy?
	✓ No ☐ Yes	. Fill in the details.					
Р	art 9:	Identify Prope	rty You Hold o	r Control for Soi	meone Else		
23.	-	hold or control any in trust for someon		neone else owns? I	nclude any pro	operty you borrowed fro	m, are storing for,
	☑ No □ Yes	. Fill in the details.					
Р	art 10:	Give Details A	bout Environm	ental Informatio	on		
For	the purp	ose of Part 10, the f	following definition	ns apply:			
	hazardou	is or toxic substanc	e, wastes, or mate		d, soil, surface	erning pollution, contam e water, groundwater, or astes, or material.	
		•		s defined under any ncluding disposal si		al law, whether you now	own, operate, or
				nmental law defines taminant, or similar		us waste, hazardous su	bstance, toxic
Rep	oort all n	otices, releases, and	d proceedings that	t you know about, re	egardless of w	hen they occurred.	
24.	Has any law?	y governmental unit	notified you that y	you may be liable o	potentially lia	able under or in violation	of an environmental
	✓ No	. Fill in the details.					
25.	☑ No	ou notified any gove	ernmental unit of a	ny release of hazaro	dous material?	?	

		Case 16-20001	Doc 1 Filed 01/0	05/16 Entere	ed 01/05/16 08:49:20	Desc Main Document	Page 45 of 63
Deb	otor 1	Mark	Venson	Reid		Case number (if known)	
26.	-		Middle Name ny judicial or admi	Last Name nistrative pro	ceeding under any	environmental law? Incl	ude settlements and
	orders.						
	✓ No ☐ Yes	s. Fill in the details.					
Р	art 11:	Give Details A	bout Your Busi	ness or Co	onnections to An	y Business	
27.	Within d	-	filed for bankruptcy	, did you ow	n a business or have	e any of the following co	nnections to any
		A member of a limit A partner in a partn An officer, director,	ted liability company ership or managing execu	(LLC) or limit	ed liability partnershi	either full-time or part-time p (LLP)	
		None of the above as. Check all that appl			w for each business.		
28.		2 years before you f ncial institutions, cr			e a financial stateme	ent to anyone about your	business? Include
	□ No □ Yes	s. Fill in the details be	elow.				
Р	art 12:	Sign Below					
tha pro	t answer	s are true and corre	ect. I understand the with a bankruptcy	at making a f	alse statement, con	, and I declare under per cealing property, or obta 50,000, or imprisonment	ining money or
X	/s/ Mark	Venson Reid		X /s/ Da	nielle Amber Reid		
		e of Debtor 1			ure of Debtor 2		
	Date	01/05/2016		Date	01/05/2016		
Did	you atta	ch additional pages	s to Your Statement	t of Financial	Affairs for Individua	ls Filing for Bankruptcy	(Official Form 107)?
	No Yes						
Did	you pay	or agree to pay sor	meone who is not a	in attorney to	help you fill out bar	nkruptcy forms?	
✓							
	Yes. Na	me of person					otcy Petition Preparer's Notice, gnature (Official Form 119).
						Doolaration, and Of	grada (Omolari Omi 110).

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UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF TEXAS MARSHALL DIVISION

IN RE: Mark Venson Reid
Danielle Amber Reid

CASE NO

CHAPTER 13

VERIFICATION OF CREDITOR MATRIX

•	he above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/he
knowle	dge.

Date	1/5/2016	/s/ Mark Venson Reid Mark Venson Reid
Date	1/5/2016	/s/ Danielle Amber Reid Danielle Amber Reid

Attorney General of Texas Tax Division Bankruptcy Box 12548, Capital Station Austin, Texas 78711

Calvary Portfolio Services 500 Summit Lake Dr Ste 400 Valhalla, NY 10595

Chase Crad Services PO Box 15298 Wilmington, DE 19050

Citibank / Sears Citicorp Credit Srvs/Centralized Bankrup PO Box 790040 Saint Louis, MO 63179

Debt Recovery Solution Attention: Bankruptcy 900 Merchants Concourse Ste LL11 Westbury, NY 11590

Ditech Financial Llc Po Box 6172 Rapid City, SD 57709

Harrison CAD P.O. Box 818 Marshall, TX 75671

Harrison County Tax Collector Tax Assessor Collector 200 W. Houston - Room 108 Marshall, TX 75670

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346 Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Nationwide Recovery 4635 McEwen Rd Dallas, TX 75244

Portfolio Recovery Attn: Bankruptcy PO Box 41067 Norfolk, VA 23541

State Comptroller's Office P.O. Box 13528 Austin, Texas 78711

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

Texas Workforce Commission 101 E. 15th Street Austin, TX 78778

United States Attorney Eastern District of Texas 110 N. College, Ste 700 Tyler, Texas 75702-0204

Fill in this info	ormation to ide	entify your case	:	Check as directed in lines 17 and 21:
Debtor 1	Mark First Name	Venson Middle Name	Reid Last Name	 According to the calculations required by this Statement:
Debtor 2 (Spouse, if filing)	Danielle First Name	Amber Middle Name	Reid Last Name	 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
United States Bar	nkruptcy Court for t	he: EASTERN DIS	TRICT OF TEXAS	 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
Case number (if known)				☐ 3. The commitment period is 3 years. ☑ 4. The commitment period is 5 years.
				 Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Column B

		Debtor 1	Debtor 2 or non-filing spouse
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$6,066.67	\$0.00
3.	Alimony and maintenance payments. Do not include payments from a spouse.	\$0.00	\$0.00
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.	\$0.00	\$0.00

5. Net income from operating a business, profession, or farm

	Debtor 1	Debtor 2			
Gross receipts (before all deductions)	\$0.00	\$0.00			
Ordinary and necessary operating -	\$0.00	\$0.00			
expenses			Сору		
Net monthly income from a business, profession, or farm	\$0.00	\$0.00	here ->	\$0.00	\$0.00

Debtor 1 Mark Venson Reid Case number (if known) First Name Middle Name Last Name Column A Column B Debtor 1 Debtor 2 or non-filing spouse Net income from rental and other real property Debtor 1 Debtor 2 \$0.00 \$0.00 Gross receipts (before all deductions) \$0.00 \$0.00 Ordinary and necessary operating expenses Copy \$0.00 \$0.00 here \$0.00 \$0.00 Net monthly income from rental or other real property Interest, dividends, and royalties \$0.00 \$0.00 **Unemployment compensation** \$0.00 \$0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \$0.00 For you..... \$0.00 For your spouse..... Pension or retirement income. Do not include any amount received that \$0.00 \$0.00 was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total average monthly income. Add lines 2 through 10 for each column. \$6,066.67 \$0.00 \$6,066.67 Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** \$6,066.67 12. Copy your total average monthly income from line 11. 13. Calculate the marital adjustment. Check one: You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. \square You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. (See continuation page.) \$0.00 Copy here Total..... \$6,066.67 14. Your current monthly income. Subtract the total in line 13 from line 12.

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Deb	tor 1	M	ark	Venson	Reid		Case number (if known)	_	
		Fin	st Name	Middle Name	Last Name	e			
15.	Calc	ulate	your current mo	nthly income for	the year. Foll	ow these steps:			
	15a.	Сор	y line 14 here 🗕						\$6,066.67
		Mult	iply line 15a by 1	2 (the number of n	nonths in a yea	ar).		<u> </u>	12
	15b.	The	result is your cur	rent monthly incon	ne for the year	for this part of the for	m	<u>_</u>	\$72,800.04
16.	Calc	ulate	the median famil	y income that ap	plies to you.	Follow these steps:			
	16a.	Fill i	n the state in which	ch you live.		Texas			
	16b.	Fill i	n the number of p	eople in your hou	sehold.	4			
	16c.	To f	ind a list of applic	able median incor	ne amounts, go		specified in the separate clerk's office.		\$72,612.00
17.	How	do th	e lines compare	?					
	17a.			•			form, check box 1, <i>Disposable</i> on of Your Disposable Income		
	17b.	V	11 U.S.C. § 132	5(b)(3). Go to Par	t 3 and fill out		ck box 2, <i>Disposable income is</i> Disposable Income (Official above.		
Pa	art 3:		Calculate You	r Commitmen	t Period Un	der 11 U.S.C. § 1	325(b)(4)		
18.	Сору	y your	total average m	onthly income fro	om line 11.				\$6,066.67
19.	that c	calcula		nent period under			not filing with you, and you cont o deduct part of your spouse's	tend	
	19a.	If the	e marital adjustm	ent does not apply	, fill in 0 on line	e 19a			\$0.00
	19b.	Sub	tract line 19a fro	m line 18.					\$6,066.67
20.	Calc	ulate	your current mo	nthly income for	the year. Foll	ow these steps:			
	20a.	Сор	y line 19b					_	\$6,066.67
		Mult	iply by 12 (the nu	mber of months in	a year).			,	
	20b.	The	result is your cur	rent monthly incon	ne for the year	for this part of the for	m.	_	\$72,800.04
	20c.	Сор	y the median fam	ily income for you	r state and size	e of household from li	ne 16c		\$72,612.00
21.	How	do th	e lines compare	?					
	_	check	box 3, The comm	nitment period is 3	years. Go to	Part 4.	top of page 1 of this form,		
	<u> </u>			•		rwise ordered by the orears. Go to Part 4.	court, on the top of page 1		
Pa	art 4:		Sign Below						
	By si	gning	here, under pena	lty of perjury I dec	lare that the in	formation on this state	ement and in any attachments	is true and cor	rect.
	χ <u>/s</u>	s/ Ma	rk Venson Reic	l		X /s/ Da	nielle Amber Reid		
	Si	ignatu	re of Debtor 1			Signat	ure of Debtor 2		
	D	_	I/5/2016 MM / DD / YYYY			_	1/5/2016 MM / DD / YYYY		
		•	. =						

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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Debtor 1 Mark Venson Reid Case number (if known) Middle Name Last Name

13. Marital Adjustment (continued):

State each purpose for which the income was used	Amount to subtract
--	--------------------

Fill in this inf	ormation to	identify your case	:	
Debtor 1	Mark	Venson	Reid	
	First Name	Middle Name	Last Name	
Debtor 2	Danielle	Amber	Reid	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: EASTERN DIS	STRICT OF TEXAS	_
Case number	_			
(if known)				☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

12/15

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

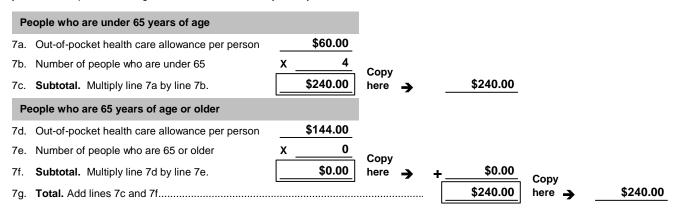
4

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,513.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.



Doc 1 Filed 01/05/16 Entered 01/05/16 08:49:20 Desc Main Document Page 54 of 63 Case 16-20001 Debtor 1 Mark Venson Reid Case number (if known) First Name Middle Name Last Name **Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: ■ Housing and utilities -- Insurance and operating expenses ■ Housing and utilities -- Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities -- Insurance and operating expenses: Using the number of people you entered in line 5, \$602.00 fill in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities -- Mortgage or rent expenses: \$1,029.00 9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Ditech Financial Llc** \$505.00 Repeat this Copy amount on \$505.00 9b. Total average monthly payment \$505.00 here line 33a. 9c. Net mortgage or rent expense. Copy Subtract line 9b (total average monthly payment) from line 9a (mortgage or \$524.00 \$524.00 here rent expense). If this number is less than \$0, enter \$0. 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why: 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the \$488.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area.

Debto	or 1	Mark First Na	me	Venson Middle Name	Reid			Case nu	ımber (if known)		
13.	expe	ense for e	ach vehicle b	se expense: Usin elow. You may no u may not claim th	ot claim the	e expense if you o	do not ma	ke any lo			
	Vehi	icle 1	Describe V	ehicle 1:							
	13a.	Ownersh	nip or leasing	costs using IRS L	ocal Standa	ard					
	13b.	Average	monthly payr	ment for all debts	secured by	Vehicle 1.				_	
		Do not in	nclude costs f	or leased vehicles	S.						
		amounts	that are cont	age monthly paym ractually due to ea ruptcy. Then divid	ach secure						
		Name	of each cred	itor for Vehicle 1		Average month payment	nly				
					4	F				-	
			Total	average monthly	payment		Copy here	→ -		Repeat this amount on line 33b.	
										Copy net Vehicle 1	
	13c.			nip or lease expen I line 13a. If this r		ess than \$0, ente	r \$0.			expense here	\$0.00
	Vehi	icle 2	Describe V	ehicle 2:							
	13d.	Ownersh	nip or leasing	costs using IRS L	ocal Standa	ard					
	13e.		monthly payr leased vehic	ment for all debts seles.	secured by	Vehicle 2. Do no	ot include			-	
		Name	of each cred	itor for Vehicle 2		Average month payment	nly				
										5	
			Total	average monthly	payment		Copy here	→ -		Repeat this amount on line 33c.	
										Copy net Vehicle 2	
	13f.			nip or lease expen		than \$0, enter \$0.				expense here	\$0.00
14.				ense: If you clair owance regardles					Standards, fill in	<u> </u>	\$0.00
15.	Add also	itional pu deduct a	ublic transpo public transp	ortation expense; cortation expense, S Local Standard	If you clair you may fi	med 1 or more ve	hicles in	ine 11 a			\$0.00

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Doc 1 Filed 01/05/16 Entered 01/05/16 08:49:20 Desc Main Document Case 16-20001 Page 56 of 63 Debtor 1 Mark Venson Reid Case number (if known) First Name Middle Name Last Name **Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-\$799.10 employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, \$0.00 union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are \$0.00 filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative \$0.00 agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: \$0.00 as a condition for your job. or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00 Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that \$0.00 is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephones and telephone services: The total monthly amount that you pay for telecommunication services \$50.00 for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. 24. Add all of the expenses allowed under the IRS expense allowances. \$4,216.10 Add lines 6 through 23. **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. \$601.00 Health insurance \$0.00 Disability insurance \$0.00 Health savings account \$601.00 \$601.00 Copy total here Total Do you actually spend this total amount? No. How much do you actually spend? Yes \square 26. Continued contributions to the care of household or family members. The actual monthly expenses that you \$0.00 will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the \$0.00 safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

By law, the court must keep the nature of these expenses confidential.

Debto	or 1	Mark First Name	Venson Middle Name	Reid Last Name	Case nu	mber (if known)					
28.	Addit on line		ergy costs. Your home	energy costs are include	ded in your insurance a	and operating ex	penses				
	-	•	ı have home energy co excess amount of home	sts that are more than t	he home energy costs	included in expe	enses on				
			ase trustee documenta asonable and necessar	tion of your actual expe y.	nses, and you must sh	ow that the addi	tional				
29.	\$156.	25* per child) the	•	en who are younger the endent children who are	•			\$0.00			
				tion of your actual expe ot already accounted for		plain why the an	nount				
	* Subj	ject to adjustme	nt on 4/01/16, and eve	ry 3 years after that for	cases begun on or afte	r the date of adj	ustment.				
30.	highe	r than the combi	ned food and clothing	e monthly amount by w allowances in the IRS N in the IRS National Sta	lational Standards. The						
			-	onal allowance, go onlin o be available at the ba			te				
	You must show that the additional amount claimed is reasonable and necessary.										
31.	. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).										
		•		of your gross monthly in	come.						
32.		all of the addition nes 25 though 3	onal expense deduction	ons.				\$601.00			
Ded	luction	s for Debt Payr	ment								
33.			ecured by an interest i	in property that you ov 33a through 33e.	vn, including home m	ortgages, vehic	cle				
			average monthly paymou file for bankruptcy.	ent, add all amounts tha Then divide by 60.	at are contractually due	e to each secure	d creditor in				
						erage monthly ment					
		Mortgages on			_	\$505.00					
	33a.	.,				\$505.00					
	226	•	r first two vehicles			\$0.00					
	33b.					\$0.00					
	33c. 33d.	List other secu			······································	Ψ0.00					
		of each credite		entify property that	Does payment						
		secured debt		cures the debt	include taxes or insurance?						
					No						
					Yes						
					—— ☐ No ☐ Yes						
					□ No .						
					L No +						
	33e.	Total average r	monthly payment. Add	lines 33a through 33d		\$505.00	Copy total here	\$505.00			

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Debto	or 1	Mark First Name	Venson Middle Name	Reid Last Name		Case r	number (if known)		
34.		any debts that you lisessary for your suppo			-	e, a vehicle	e, or other proper	ty	
		No. Go to line 35.							
		Yes. State any amou possession of y		•			listed in line 33, to fill in the informati	•	
Nar	ne of t	the creditor	Identify property secures the deb		Total cure amount		Monthly cure amount		
Dite	ech F	inancial Llc	real estate w i	mp	\$30,000.00	÷ 60 =	\$500.00		
			-			÷ 60 =			
						÷60 = 📲	·		
						Total	\$500.00	Copy total here	\$500.00
35.	alimo	ou owe any priority onythat are past du .S.C. § 507.							
		No. Go to line 36. Yes. Fill in the total a current or ongo	amount of all of the ling priority claims,						
		Total amount o	f all past-due prior	ty claims			\$3,363.00	÷ 60 =	\$56.05
36.	Proje	ected monthly Chapt	er 13 plan payme	nt			\$650.00		
	Office	ent multiplier for your one of the United States e Executive Office for	Courts (for district	s in Alabama a	nd North Carolina				
	spec	nd a list of district mult ified in the separate in e bankruptcy clerk's of	structions for this	•			x <u>7.5</u> %	6	
	Avera	age monthly administr	rative expense				\$48.75	Copy total here	\$48.75
37.		all of the deductions	for debt payment						\$1,109.80
	Add I	lines 33g through 36.							\$1,109.80
Tot	al Ded	luctions from Income)						
38.	Add	all of the allowed dec	ductions.						
	Сору	line 24, All of the exp	oenses allowed un	der IRS expens	se allowances		\$4,216.10		
	Сору	line 32, All of the add	ditional expense de	eductions			\$601.00		
	Сору	line 37, All of the ded	ductions for debt p	ayment		+	\$1,109.80	0	
	Total	deductions					\$5,926.90	Copy total here	\$5,926.90
Pa	rt 2:	Determine You	ır Dienoeablo	Income Une	ler 11 II S C 4	S 1325/h)	(2)		
		y your total current m	-			. , ,	(4)		
55.		ement of Your Currer	•			-			\$6,066.67

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Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
122C-1				Increase Decrease	
☐ 122C-1		-		☐ Increase ☐ Decrease	
☐ 122C-1		-		Increase Decrease	
☐ 122C-1				Increase Decrease	

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Debtor 1	Mark			eid	Case number (if known)	
	First Name	Middle N	Name La	ast Name		
Part 4:	Sign Below					
By sig	gning here, under pen	alty of pe	erjury you declar	e that the information on this	statement and in any attac	chments is true and correct.
X /s	/ Mark Venson Rei	d		χ /s/ Da	anielle Amber Reid	
Si	gnature of Debtor 1			Signa	ture of Debtor 2	

Date 1/5/2016

MM / DD / YYYY

Date 1/5/2016

MM / DD / YYYY

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Current Monthly Income Calculation Details

In re: Mark Venson Reid Case Number:

Danielle Amber Reid Chapter: 13

2. Gross wages, salary, tips, bonuses, overtime and commissions.

Debtor or Spouse's Income	Description (escription (if available)								
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month			

<u>Precision Auto</u> \$7,000.00 \$5,600.00 \$7,000.00 \$5,600.00 \$5,600.00 \$6,066.67

Underlying Allowances (as of 01/05/2016)

In re: Mark Venson Reid Case Number:

Danielle Amber Reid Chapter: 13

Median Income Information		
State of Residence	Texas	
Household Size	4	
Median Income per Census Bureau Data	\$72,612.00	

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous		
Region	US	
Family Size	4	
Gross Monthly Income	\$6,066.67	
Income Level	Not Applicable	
Food	\$821.00	
Housekeeping Supplies	\$78.00	
Apparel and Services	\$244.00	
Personal Care Products and Services	\$70.00	
Miscellaneous	\$300.00	
Additional Allowance for Family Size Greater Than 4	\$0.00	
Total	\$1,513.00	

National Standards: Health Care (only applies to cases filed on or after 1/1/08)			
Household members under 65 years of age	9		
Allowance per member	\$60.00		
Number of members	4		
Subtotal	\$240.00		
Household members 65 years of age or old	ler		
Allowance per member	\$144.00		
Number of members	0		
Subtotal	\$0.00		
Total	\$240.00		

Local Standards: Housing and Utilities			
State Name	Texas		
County or City Name	Harrison County		
Family Size	Family of 4		
Non-Mortgage Expenses	\$602.00		
Mortgage/Rent Expense Allowance	\$1,029.00		
Minus Average Monthly Payment for Debts Secured by Home	\$505.00		
Equals Net Mortgage/Rental Expense	\$524.00		
Housing and Utilities Adjustment	\$0.00		

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Underlying Allowances (as of 01/05/2016)

In re: Mark Venson Reid Case Number:

Danielle Amber Reid Chapter: 13

Local Standards: Transportation; Vehicle Operation/Public Transportation				
Transportation Region		South Region		
Number of Vehicles Operat	Number of Vehicles Operated		2 or more	
Allowance	Allowance		\$488.00	
Loc	al Standards: Transportation	n; Additional Public	Transportation Expense	
Transportation Region	Transportation Region		South Region	
Allowance (if entitled)		\$185.00	\$185.00	
Amount Claimed	Amount Claimed		\$0.00	
	Local Standards: Transp	oortation; Ownershi	p/Lease Expense	
Transportation Region		South Region	South Region	
Number of Vehicles with Ownership/Lease Expense		0		
	First Car		Second Car	
Allowance				
Minus Average Monthly Payment for Debts Secured by Vehicle				
Equals Net Ownership / Lease Expense				